

New York State Department of Health
Official New York State Prescription Program
433 River Street, Suite 303
Troy, NY 12180
(866) 811-7957

Official New York State Prescription Registration Form

Please complete this registration form and the enclosed order form to obtain free Official New York State Prescriptions.

APPLICANT'S NAME

LAST

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FIRST

MI

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NYS LICENSE NUMBER

PROFESSION

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DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBER

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**DEA REGISTERED ADDRESS AS IT APPEARS
ON YOUR DEA REGISTRATION**** (See note below.)**

CITY

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STATE

ZIP CODE

N	Y							■				
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PHONE NUMBER
(AREA CODE)

**FAX NUMBER
(AREA CODE)**[illegible]**APPLICANT'S BUSINESS E-MAIL ADDRESS**

a

UNDER PENALTY OF PERJURY, I AFFIRM THAT THE STATEMENTS HEREIN ARE TRUE.

APPLICANT'S SIGNATURE _____
(Original Ink Only)

PRINT NAME _____

DATE _____

**PLEASE MAIL COMPLETED FORMS TO THE ADDRESS LISTED ABOVE.
FAXES WILL NOT BE ACCEPTED.**

******Your prescriptions may only be shipped to your DEA address and this address will be imprinted on your prescriptions. If you need to change your DEA registered address, contact DEA at 212-337-1593. Once you have received confirmation from the DEA that your address has been updated, please submit a copy of your revised DEA registration with this application form.**